

Measure Information							Workgroup Information			Selection Criteria							
#	Measure Name	NQF #	Steward	Category	Data Source	Description	Measure Status	Measure Origin	Unit of Analysis	Based on readily available data	Nationally-vetted (e.g. NQF endorsed)	Aligned with measures in other WA and national measure sets	Significant potential to positively impact health outcomes	Significant potential to reduce costs	Sufficient denominator size	If provider-focused, the provider can impact the outcome	Notes about the Measure/Measure Complexities
20	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	0058	NCQA	Avoidance of Overuse	Claims	The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.	Yes	Aligned									
H-61	OP-8: Outpatient MRI without Treatment: Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy	0514	CMS	Avoidance of Overuse	Claims	This measure calculates the percentage of MRI of the Lumbar Spine studies with a diagnosis of low back pain on the imaging claim and for which the patient did not have prior claims-based evidence of antecedent conservative therapy. Antecedent conservative therapy may include (see subsequent details for codes): 1)Claim(s) for physical therapy in the 60 days preceding the Lumbar Spine MRI 2)Claim(s) for chiropractic evaluation and manipulative treatment in the 60 days preceding the Lumbar Spine MRI 3)Claim(s) for evaluation and management in the period >28 days and <60 days preceding the Lumbar Spine MRI.	Yes	WA Hospital Association									
49	Follow-Up After Hospitalization for Mental Illness (FUH)	0576	NCQA	Behavioral Health	Claims	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an OP visit, an intensive OP encounter, or partial hospitalization with a mental health practitioner. Two rates are reported: 1) the percentage of members who received follow-up within 30 days of discharge, 2) the percent of members who received follow-up within 7 days of discharge	Yes	Aligned									
132	Psychiatric Hospitalization Readmission Rate	NA	HEDIS (modified)	Behavioral Health	Claims	Modified version of NCQA's HEDIS "Plan All-Cause Readmission" Metric." Proportion of acute psychiatric inpatient stays during the measurement year that were followed by an acute psychiatric readmission within 30 days	No- Parking Lot	5732									
H-58	OP-5: Outpatient Minutes to ECG	0289	CMS	Cardiac	Clinical Data	Median time from emergency department arrival to ECG (performed in the ED prior to transfer) for acute myocardial infarction (AMI) or Chest Pain patients (with Probable Cardiac Chest Pain).	No- Parking Lot	WA Hospital Association									
H-56	OP-3b: Outpatient Minutes to Transfer	0290	CMS	Cardiac	Claims and Clinical Data	Median time from emergency department arrival to time of transfer to another facility for acute coronary intervention.	No- Parking Lot	WA Hospital Association									

Measure Information							Workgroup Information			Selection Criteria							
#	Measure Name	NQF #	Steward	Category	Data Source	Description	Measure Status	Measure Origin	Unit of Analysis	Based on readily available data	Nationally-vetted (e.g. NQF endorsed)	Aligned with measures in other WA and national measure sets	Significant potential to positively impact health outcomes	Significant potential to reduce costs	Sufficient denominator size	If provider-focused, the provider can impact the outcome	Notes about the Measure/Measure Complexities
H-41	MORT-30-AMI: Heart Attack Mortality	0230	CMS	Cardiac: Mortality	Claims	The measure estimates a hospital 30-day risk-standardized mortality rate (RSMR), defined as death for any cause within 30 days after the date of admission of the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of acute myocardial infarction (AMI). CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.	Yes	Aligned									
H-42	MORT-30-HF: Heart Failure Mortality	0229	CMS	Cardiac: Mortality	Claims	The measure estimates a hospital 30-day risk-standardized mortality rate (RSMR). Mortality is defined as death for any cause within 30 days after the date of admission of the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of heart failure (HF). CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.	Maybe	Aligned									
H-111	Hospital OP PMPM Cost			Cost	Claims	Hospital OP PMPM Cost	Not yet considered	Health Plan									
H-113	IP PMPM Cost			Cost	Claims	IP PMPM Cost	Not yet considered	Health Plan									
45	ED Visits PMPM Cost	NA		Cost	Claims	ED Visits PMPM Cost	Not yet considered	Health Plan									
80	OP Pharmacy PMPM Cost	NA		Cost	Claims	OP Pharmacy PMPM Cost	Not yet considered	Health Plan									
82	Other PMPM Cost	NA		Cost	Claims		Not yet considered	Health Plan									
103	Primary Care PMPM Cost	NA		Cost	Claims	Primary Care PMPM Cost	Not yet considered	Health Plan									
112	Specialty PMPM Cost	NA		Cost	Claims	Specialty PMPM Cost	Not yet considered	Health Plan									
117	Use of High-End Imaging PMPM	NA		Cost	Claims	Use of High-End Imaging PMPM	Not yet considered	Health Plan									

Measure Information							Workgroup Information			Selection Criteria							
#	Measure Name	NQF #	Steward	Category	Data Source	Description	Measure Status	Measure Origin	Unit of Analysis	Based on readily available data	Nationally-vetted (e.g. NQF endorsed)	Aligned with measures in other WA and national measure sets	Significant potential to positively impact health outcomes	Significant potential to reduce costs	Sufficient denominator size	If provider-focused, the provider can impact the outcome	Notes about the Measure/Measure Complexities
H-44	MSPB: Medicare Spending Per Beneficiary	2158	CMS	Cost	Claims	The MSPB Measure assesses the cost of services performed by hospitals and other healthcare providers during an MSPB hospitalization episode, which comprises the period immediately prior to, during, and following a patient’s hospital stay. Beneficiary populations eligible for the MSPB calculation include Medicare beneficiaries enrolled in Medicare Parts A and B who were discharged from short-term acute hospitals during the period of performance.	Not yet considered	Measure Library									
94	Plan All-Cause Readmission (PCR)	1768	NCQA	Hospital Readmissions/ Care Transitions	Claims	For patients 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories: 1. Count of Index Hospital Stays* (denominator) 2. Count of 30-Day Readmissions (numerator) 3. Average Adjusted Probability of Readmission	Maybe	Aligned									
H-79	READM-30-HOSP-WIDE: Hospital-wide Readmit	1789	CMS	Hospital Readmissions/ Care Transitions	Claims	This measure estimates the hospital-level, risk-standardized rate of unplanned, all-cause readmission after admission for any eligible condition within 30 days of hospital discharge (RSRR) for patients aged 18 and older. The measure reports a single summary RSRR, derived from the volume-weighted results of five different models, one for each of the following specialty cohorts (groups of discharge condition categories or procedure categories): surgery/gynecology, general medicine, cardiorespiratory, cardiovascular, and neurology, each of which will be described in greater detail below. The measure also indicates the hospital standardized risk ratios (SRR) for each of these five specialty cohorts. We developed the measure for patients 65 years and older using Medicare fee-for-service (FFS) claims and subsequently tested and specified the measure for patients aged 18 years and older using all-payer data. We used the California Patient Discharge Data (CPDD), a large database of patient hospital admissions, for our all-payer data.	Maybe	WA Hospital Association									
249	Discharge Information and Follow-up Phone Call for Inpatients	NA	NA	Hospital Readmissions/ Care Transitions	self-reported	Discharge Information and Follow-up Phone Call for Inpatients (Acute Myocardial Infarction (AMI), Heart Failure (HF), Community Acquired Pneumonia (CAP), Chronic Obstructive Pulmonary Disease (COPD) and Stroke)	No- Parking Lot	Member Request: Carol Wagner, Medicaid Quality Incentive Measure Guidelines									

Measure Information							Workgroup Information			Selection Criteria							
#	Measure Name	NQF #	Steward	Category	Data Source	Description	Measure Status	Measure Origin	Unit of Analysis	Based on readily available data	Nationally-vetted (e.g. NQF endorsed)	Aligned with measures in other WA and national measure sets	Significant potential to positively impact health outcomes	Significant potential to reduce costs	Sufficient denominator size	If provider-focused, the provider can impact the outcome	Notes about the Measure/Measure Complexities
200	Use of High-Risk Medications in the Elderly (DAE)	0022	NCQA	Medication Management and Generic Use	Claims	Percentage of patients 66 years of age and older who were ordered high- risk medications. Two rates are reported. A. % of patients who were ordered at least one high-risk medication. B. % of patients who were ordered at least two different high-risk medication.	Maybe	Measure Library									
175	Medication Reconciliation- medication list review and reconciliation	NA	Pharmacy Quality Alliance (PQA)	Medication Management and Generic Use: Med Rec	Clinical Data	The proportion of pharmacist-patient encounters where a patient's personal medication list is reviewed, updated, and reconciled. PQA measure concept 2008. PQA has not endorsed this measure.	Maybe	GSK request									
176	MTM	NA	Pharmacy Quality Alliance (PQA)	Medication Management and Generic Use: Med Rec	Clinical Data	The percentage of prescription drug plan members who met eligibility criteria for medication therapy management (MTM) services and who received a comprehensive medication review (CMR) during the eligibility period. PQA measure endorsed in 2011.	Maybe	GSK request									
169	Medication Reconciliation	0097	NCQA	Medication Management and Generic Use: Med Rec	Clinical Data	Percentage of patients aged 65 years and older discharged from any IP facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented	Maybe	Member Request: Alice Lind, GSK request									
269	Documentation of medication list in the outpatient record (no longer NQF endorsed)	0019	NCQA	Medication Management and Generic Use: Med Rec	Clinical Data	Percentage of patients having a medication list in the medical record.	Not yet considered	New addition per workgroup request									
268	Documentation of Current Medications in the Medical Record	419	CMS	Medication Management and Generic Use: Med Rec	Claims or Registry	Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration	Not yet considered	New addition per workgroup request									If reported using claims, G-codes are used to report the numerator of the measure: G8427, G8430, G8428
266	Medication Reconciliation Post-Discharge (MRP)	0554	NCQA	Medication Management and Generic Use: Med Rec	Claims and Clinical Data	The percentage of discharges during the first 11 months of the measurement year (e.g., January 1–December 1) for patients 65 years of age and older for whom medications were reconciled on or within 30 days of discharge.	Not yet considered	New addition per workgroup request									

Measure Information							Workgroup Information			Selection Criteria							
#	Measure Name	NQF #	Steward	Category	Data Source	Description	Measure Status	Measure Origin	Unit of Analysis	Based on readily available data	Nationally-vetted (e.g. NQF endorsed)	Aligned with measures in other WA and national measure sets	Significant potential to positively impact health outcomes	Significant potential to reduce costs	Sufficient denominator size	If provider-focused, the provider can impact the outcome	Notes about the Measure/Measure Complexities
267	Reconciled Medication List Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	0646	American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)	Medication Management and Generic Use: Med Rec	Claims and Clinical Data	Percentage of patients, regardless of age, discharged from an inpatient facility (eg, hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home or any other site of care, or their caregiver(s), who received a reconciled medication list at the time of discharge including, at a minimum, medications in the specified categories	Not yet considered	New addition per workgroup request									
255	Medication Reconciliation	NA	CMS	Medication Management and Generic Use: Med Rec	Clinical data (electronic)	The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP. Meaningful Use Menu Set Measures Measure 6 of 9; Stage 1 (2014 Definition); Last updated: May 2014	Not yet considered	New addition per workgroup request									
H-63	PC-02: Cesarean Section - NTSV C-Section [Nulliparous (first baby), Term (>37 weeks), Singleton (one baby), and (head down)]	0471	The Joint Commission	Obstetrics	Claims and Clinical Data	This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section. This measure is a part of a set of five nationally implemented measures that address perinatal care.	Yes	WA Hospital Association									
250	Percent non-medically indicated inductions with unfavorable cervix in nulliparous women	NA	NA	Obstetrics	unknown	Percent non-medically indicated inductions with unfavorable cervix in nulliparous women	Maybe	Member Request: Carol Wagner, Medicaid Quality Incentive Measure Guidelines									

Measure Information							Workgroup Information			Selection Criteria							
#	Measure Name	NQF #	Steward	Category	Data Source	Description	Measure Status	Measure Origin	Unit of Analysis	Based on readily available data	Nationally-vetted (e.g. NQF endorsed)	Aligned with measures in other WA and national measure sets	Significant potential to positively impact health outcomes	Significant potential to reduce costs	Sufficient denominator size	If provider-focused, the provider can impact the outcome	Notes about the Measure/Measure Complexities
101	Prenatal & Postpartum Care (PPC)	1517	NCQA	Obstetrics	Claims and Clinical Data	The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care. • Rate 1: Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a patient of the organization in the first trimester or within 42 days of enrollment in the organization. • Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery	No- Parking Lot	Aligned									
H-43	MORT-30-PN: Pneumonia Mortality	0468	CMS	Other	Claims	The measure estimates a hospital-level risk-standardized mortality rate (RSMR) defined as death for any cause within 30 days of the admission date for the index hospitalization for patients discharged from the hospital with a principal diagnosis of pneumonia. The target population is patients 18 and over. CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.	Not yet considered	Aligned									
209	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	0385	AMA-PCPI	Other	Clinical Data	Percentage of patients aged 18 through 80 years with AJCC Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant hemotherapy within the 12-month reporting period	Not yet considered	Measure Library									
210	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/ progesterone Receptor (ER/PR) positive Breast Cancer	0387	AMA-PCPI	Other	Claims and Clinical Data	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period	Not yet considered	Measure Library									
204	Pain Assessment and Follow-Up	0420	CMS	Other	Claims and Clinical Data	Percentage of patients aged 18 years and older with documentation of a pain assessment through discussion with the patient including the use of a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present	Not yet considered	Measure Library									
227	Late HIV diagnosis	1999	CDC	Other	Claims and Clinical Data	Percentage of persons 13 years and older diagnosed with Stage 3 HIV infection (AIDS) within 3 months of a diagnosis of HIV infection.	Not yet considered	Measure Library									

Measure Information							Workgroup Information			Selection Criteria								
#	Measure Name	NQF #	Steward	Category	Data Source	Description	Measure Status	Measure Origin	Unit of Analysis	Based on readily available data	Nationally-vetted (e.g. NQF endorsed)	Aligned with measures in other WA and national measure sets	Significant potential to positively impact health outcomes	Significant potential to reduce costs	Sufficient denominator size	If provider-focused, the provider can impact the outcome	Notes about the Measure/Measure Complexities	
H-1	ACS-REGISTRY: Participation in a multispecialty surgical registry	NA		Other	Clinical Data		Not yet considered	Measure Library										
H-92	SM-PART-GEN-SURG: Participation in general surgery registry	NA	CMS	Other	Clinical Data		Not yet considered	Measure Library										
H-93	SM-PART-NURSE: Participation in a systematic database for nursing sensitive care	NA	CMS	Other	Clinical Data		Not yet considered	Measure Library										
245	Pharmacist CPOE/Verification of Medication Orders Within 24 Hours	NA	Centers for Medicare & Medicaid Services (CMS)	Other	Clinical data	Number of electronically entered medication orders for an inpatient admitted to a CAH (acute or swing-bed), verified by a pharmacist or directly entered by a pharmacist within 24 hours	Not yet considered	Member Request: Kim Kelley										
H-33	Home Health Patients also Enrolled in Medicare with a Hospital Admission	NA	CMS	Other	Claims	2012 CMS Home Health Compare- Medicare claims	Not yet considered	The Alliance										
H-50	OP-18b: Time in ED Before Going Home	0496	CMS	Other	Claims	Median time from emergency department arrival to time of departure from the emergency room for patients discharged from the emergency department	Not yet considered	WA Hospital Association										

Measure Information							Workgroup Information			Selection Criteria							
#	Measure Name	NQF #	Steward	Category	Data Source	Description	Measure Status	Measure Origin	Unit of Analysis	Based on readily available data	Nationally-vetted (e.g. NQF endorsed)	Aligned with measures in other WA and national measure sets	Significant potential to positively impact health outcomes	Significant potential to reduce costs	Sufficient denominator size	If provider-focused, the provider can impact the outcome	Notes about the Measure/Measure Complexities
H-28	Cleanliness and Quietness of Hospital Environment Communication about Medicines Communication with Doctors Communication with Nurses Discharge Information Pain Management Overall Rating of Hospital Responsiveness of Hospital Staff Willingness to Recommend	0166	CMS	Patient Experience	Survey	27-items survey instrument with 7 domain-level composites including: communication with doctors, communication with nurses, responsiveness of hospital staff, pain control, communication about medicines, cleanliness and quiet of the hospital environment, and discharge information	Yes	Aligned									
7	Adverse event rate - outpatient procedure	NA	Health Plan measure	Patient Safety	Claims	The measure calculates, for members having selected outpatient procedures, the frequency of an adverse event within the 30 days after a procedure.	Not yet considered	Health Plan									
8	Adverse event rate/acute inpatient hospitalization - managing hospital	NA	Health Plan Measure	Patient Safety	Claims	This measure calculates the percentage of acute care inpatient hospitalizations that include an identified undesirable (adverse) event during the hospitalization.	Not yet considered	Health Plan									
H-85	SCIP Inf-6: Surgery Patients with Appropriate Hair Removal	0301	CMS	Patient Safety	Claims and Clinical Data	Percentage of surgery patients with surgical hair site removal with clippers or depilatory or no surgical site hair removal.	Not yet considered	Measure Library									
H-72	PSI-15: Accidental puncture or laceration	0345	AHRQ	Patient Safety	Claims	Percent of discharges among cases meeting the inclusion and exclusion rules for the denominator with ICD-9-CM code denoting accidental cut, puncture, perforation, or laceration during a procedure in any secondary diagnosis field	Not yet considered	Measure Library									
H-74	PSI-6-IAT-PTX: Postoperative Pulmonary Embolism or deep Vein Thrombosis	0346	AHRQ	Patient Safety	Claims	Percent of discharges with ICD-9-CM code for iatrogenic pneumothorax in any secondary diagnosis field among cases meeting the inclusion and exclusion rules for the denominator	Not yet considered	Measure Library									

Measure Information							Workgroup Information			Selection Criteria								
#	Measure Name	NQF #	Steward	Category	Data Source	Description	Measure Status	Measure Origin	Unit of Analysis	Based on readily available data	Nationally-vetted (e.g. NQF endorsed)	Aligned with measures in other WA and national measure sets	Significant potential to positively impact health outcomes	Significant potential to reduce costs	Sufficient denominator size	If provider-focused, the provider can impact the outcome	Notes about the Measure/Measure Complexities	
H-73	PSI-4-SURG-COMP: Complication/patient safety for selected indicators (Composite)	0351	AHRQ	Patient Safety	Claims	Percentage of cases having developed specified complications of care with an in-hospital death. In-hospital deaths per 1,000 surgical discharges, among patients ages 18 through 89 years or obstetric patients, with serious treatable complications (pneumonia, pulmonary embolism/deep vein thrombosis, sepsis, shock/cardiac arrest or gastrointestinal hemorrhage/acute ulcer).	Not yet considered	Measure Library										
H-66	PN-3a: Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival	0356	CMS	Patient Safety	Claims	Percent of pneumonia patients, age 18 years or older, transferred or admitted to the ICU within 24 hours of hospital arrival who had blood cultures performed within 24 hours prior to or 24 hours after arrival at the hospital.	Not yet considered	Measure Library										
H-70	PSI-12: Postoperative pulmonary embolism or deep vein thrombosis rate	0450	AHRQ	Patient Safety	Claims	Percent of discharges among cases meeting the inclusion and exclusion rules for the denominator with ICD-9-CM codes for deep vein thrombosis or pulmonary embolism in any secondary diagnosis field.	Not yet considered	Measure Library										
H-75	PSI-90: Complications/Patient Safety for Selected Indicators (Composite)	0531	AHRQ	Patient Safety	Claims	A composite measure of potentially preventable adverse events for selected indicators The weighted average of the observed-to-expected ratios for the following component indicators: <ul style="list-style-type: none">• PSI #3 Pressure Ulcer Rate• PSI #6 Iatrogenic Pneumothorax Rate• PSI #7 Central Venous Catheter-Related Blood Stream Infection Rate• PSI #8 Postoperative Hip Fracture Rate• PSI #9 Perioperative Hemorrhage or Hematoma Rate• PSI #10 Postoperative Physiologic and Metabolic Derangement Rate• PSI #11 Postoperative Respiratory Failure Rate• PSI #12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate• PSI #13 Postoperative Sepsis Rate• PSI #14 Postoperative Wound Dehiscence Rate• PSI #15 Accidental Puncture or Laceration Rate	Not yet considered	Measure Library										

Measure Information							Workgroup Information			Selection Criteria							
#	Measure Name	NQF #	Steward	Category	Data Source	Description	Measure Status	Measure Origin	Unit of Analysis	Based on readily available data	Nationally-vetted (e.g. NQF endorsed)	Aligned with measures in other WA and national measure sets	Significant potential to positively impact health outcomes	Significant potential to reduce costs	Sufficient denominator size	If provider-focused, the provider can impact the outcome	Notes about the Measure/Measure Complexities
H-21	HAI-5: Methicillin-resistant Staphylococcus Aureus (or MRSA) blood infections	1716	CDC	Patient Safety	Clinical Data	Standardized infection ratio (SIR) of hospital-onset unique blood source MRSA Laboratory-identified events (LabID events) among all inpatients in the facility	Not yet considered	Measure Library									
H-22	HAI-6: Clostridium difficile (C.diff.) infections	1717	CDC	Patient Safety	Clinical Data	Standardized infection ratio (SIR) of hospital-onset CDI Laboratory-identified events (LabID events) among all inpatients in the facility, excluding well-baby nurseries and neonatal intensive care units (NICUs)	Not yet considered	Measure Library									
H-71	PSI-14: Postoperative wound dehiscence	0368 (No longer endorsed)	AHRQ	Patient Safety	Claims	Percentage of abdominopelvic surgery cases with reclosure of postoperative disruption of abdominal wall.	Not yet considered	Measure Library									
H-110	Adverse event rate/acute inpatient hospitalization - managing hospital	NA		Patient Safety	Claims and Clinical Data	This measure calculates the percentage of acute care inpatient hospitalizations that include an identified undesirable (adverse) event during the hospitalization.	Not yet considered	Measure Library									
248	Falls with Injury Per Patient Day (adult acute care and rehabilitation only)	NA	NA	Patient Safety	unknown	Falls with Injury Per Patient Day (adult acute care and rehabilitation only)	Not yet considered	Member Request: Carol Wagner, Medicaid Quality Incentive Measure Guidelines									
H-114	Meeting Standards Associated with Better Outcomes for High-risk Care: Aortic Valve Replacement, Abdominal Aortic Aneurism Repair, High-Risk Deliveries, Pancreatic Resection, Esophageal Resection		Leapfrog	Patient Safety	Hospital Survey	2014 Evidence-Based Hospital Referral (EBHR) Standards Each hospital fulfilling one or more of the high-risk surgical standards: 1. For aortic valve replacement (AVR), participates in and scores better than the group average for participating hospitals in its ratio of observed-to-expected mortality in a national performance measurement system 1 , or in a regional performance measurement system 2, and achieves the favorable volume characteristic: 120 or more patients/year for the hospital. or 2. For AVR, abdominal aortic aneurysm repair (AAA), pancreatic resection, and esophagectomy, places in the best quartile for the predicted mortality composite measure for the procedure, as compared to a national sample of hospitals.	Not yet considered	The Alliance									

Measure Information							Workgroup Information			Selection Criteria							
#	Measure Name	NQF #	Steward	Category	Data Source	Description	Measure Status	Measure Origin	Unit of Analysis	Based on readily available data	Nationally-vetted (e.g. NQF endorsed)	Aligned with measures in other WA and national measure sets	Significant potential to positively impact health outcomes	Significant potential to reduce costs	Sufficient denominator size	If provider-focused, the provider can impact the outcome	Notes about the Measure/Measure Complexities
H-119	Patient Safety - Appropriate Staffing in the ICU		Leapfrog	Patient Safety	Hospital Survey	2014 ICU Physician Staffing (IPS) Standard	Not yet considered	The Alliance									
H-121	Patient Safety - Preventing Medication Errors	NA	Leapfrog	Patient Safety	Hospital Survey	Section 2: 2014 Computerized Physician Order Entry (CPOE) Standard 1) Does your hospital have a functioning CPOE system in at least one inpatient unit of the hospital? 2) What percent of your hospital's total inpatient medication orders (including orders made in units which do NOT have a functioning CPOE) do prescribers enter via a CPOE system that: ☐ includes decision support software to reduce prescribing errors; and, ☐ is linked to pharmacy, laboratory, and admitting-discharge-transfer (ADT) information in your hospital 3) What was your hospital's score when it tested its CPOE system using the Leapfrog CPOE Evaluation Tool? Test must be completed on or after April 1, 2014.	Not yet considered	The Alliance									
H-20	HAI-2: CAUTI: Catheter-Associated Urinary Tract Infection	0138	CDC	Patient Safety	Clinical Data	Standardized Infection Ratio (SIR) of healthcare-associated, catheter-associated urinary tract infections (CAUTI) will be calculated among patients in the following patient care locations: • Intensive Care Units (ICUs) (excluding patients in neonatal ICUs [NICUs: Level II/III and Level III nurseries]) • Specialty Care Areas (SCAs) - adult and pediatric: long term acute care, bone marrow transplant, acute dialysis, hematology/oncology, and solid organ transplant locations • other inpatient locations (excluding Level I and Level II nurseries). Data from these locations are reported from acute care general hospitals (including specialty hospitals), freestanding long term acute care hospitals, rehabilitation hospitals, and behavioral health hospitals. This scope of coverage includes but is not limited to all Inpatient Rehabilitation Facilities (IRFs), both freestanding and located as a separate unit within an acute care general hospital. Only locations where patients reside overnight are included, i.e., inpatient locations.	Not yet considered	WA Hospital Association									

Measure Information							Workgroup Information			Selection Criteria							
#	Measure Name	NQF #	Steward	Category	Data Source	Description	Measure Status	Measure Origin	Unit of Analysis	Based on readily available data	Nationally-vetted (e.g. NQF endorsed)	Aligned with measures in other WA and national measure sets	Significant potential to positively impact health outcomes	Significant potential to reduce costs	Sufficient denominator size	If provider-focused, the provider can impact the outcome	Notes about the Measure/Measure Complexities
H-19	HAI-1: CLABSI: Central Line-Associated Blood Stream Infection	0139	CDC	Patient Safety	Clinical Data	Standardized Infection Ratio (SIR) of healthcare-associated, central line-associated bloodstream infections (CLABSI) will be calculated among patients in the following patient care locations: <ul style="list-style-type: none">• Intensive Care Units (ICUs)• Specialty Care Areas (SCAs) - adult and pediatric: long term acute care, bone marrow transplant, acute dialysis, hematology/oncology, and solid organ transplant locations• other inpatient locations. (Data from these locations are reported from acute care general hospitals (including specialty hospitals), freestanding long term acute care hospitals, rehabilitation hospitals, and behavioral health hospitals. This scope of coverage includes but is not limited to all Inpatient Rehabilitation Facilities (IRFs), both freestanding and located as a separate unit within an acute care general hospital. Only locations where patients reside overnight are included, i.e., inpatient locations.	Not yet considered	WA Hospital Association									
H-60	OP-7: Outpatient Correct Antibiotic for Surgery: Outpatients having surgery who got the right kind of antibiotic	0268	CMS	Patient Safety	Claims and Clinical Data	Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for cefazolin OR cefuroxime for antimicrobial prophylaxis	Not yet considered	WA Hospital Association									
H-104	VTE-1: VTE Prophylaxis	0371	The Joint Commission	Patient Safety	Clinical Data	This measure assesses the number of patients who received venous thromboembolism (VTE) prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission. This measure is part of a set of six nationally implemented prevention and treatment measures that address VTE that are used in The Joint Commission’s accreditation process.	Not yet considered	WA Hospital Association									

Measure Information							Workgroup Information			Selection Criteria							
#	Measure Name	NQF #	Steward	Category	Data Source	Description	Measure Status	Measure Origin	Unit of Analysis	Based on readily available data	Nationally-vetted (e.g. NQF endorsed)	Aligned with measures in other WA and national measure sets	Significant potential to positively impact health outcomes	Significant potential to reduce costs	Sufficient denominator size	If provider-focused, the provider can impact the outcome	Notes about the Measure/Measure Complexities
H-106	VTE-3: VTE Patients with Anticoagulation Overlap Therapy	0373	The Joint Commission	Patient Safety	Clinical Data	This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of Parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they should be discharged on both medications or have a Reason for Discontinuation of Parenteral Therapy. Overlap therapy should be administered for at least five days with an international normalized ratio (INR) greater than or equal to 2.0 prior to discontinuation of the parenteral anticoagulation therapy, or INR less than 2.0 but discharged on both medications or have a Reason for Discontinuation of Parenteral Therapy. This measure is part of a set of six nationally implemented prevention and treatment measures that address VTE that are used in The Joint Commission's accreditation process.	Not yet considered	WA Hospital Association									
H-17	ED-1b: Time in ED Before Admitted	0495	CMS	Patient Safety	Clinical Data	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department	Not yet considered	WA Hospital Association									
H-18	ED-2b: Time After Admitted Before Going to Room	0497	CMS	Patient Safety	Clinical Data	Median time from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status	Not yet considered	WA Hospital Association									
H-2	Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure HAI-3: SSI: Colon - Surgical Site Infection for Colon Surgery HAI-4: SSI: Hysterectomy - Surgical Site Infection for Abdominal Hysterectomy	0753	American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC)	Patient Safety	Clinical Data	Prototype measure for the facility adjusted Standardized Infection Ratio (SIR) of deep incisional and organ/space Surgical Site Infections (SSI) at the primary incision site among adult patients aged >= 18 years as reported through the ACS National Surgical Quality Improvement Program (ACS-NSQIP) or CDC National Health and Safety Network (NHSN). Prototype also includes a systematic, retrospective sampling of operative procedures in healthcare facilities. This prototype measure is intended for time-limited use and is proposed as a first step toward a more comprehensive SSI measure or set of SSI measures that include additional surgical procedure categories and expanded SSI risk-adjustment by procedure type. This single prototype measure is applied to two operative procedures, colon surgeries and abdominal hysterectomies, and the measure yields separate SIRs for each procedure.	Not yet considered	WA Hospital Association									
H-16	COMP-HIP-KNEE: RSCR following elective TJA & TKA	1550	CMS	Patient Safety	Claims	This measure estimates a hospital-level risk-standardized complication rate (RSCR) associated with elective primary THA and TKA in patients 65 years and older. The measure uses Medicare claims data to identify complications occurring from the date of index admission to 90 days post date of the index admission.	Not yet considered	WA Hospital Association									

Measure Information							Workgroup Information			Selection Criteria							
#	Measure Name	NQF #	Steward	Category	Data Source	Description	Measure Status	Measure Origin	Unit of Analysis	Based on readily available data	Nationally-vetted (e.g. NQF endorsed)	Aligned with measures in other WA and national measure sets	Significant potential to positively impact health outcomes	Significant potential to reduce costs	Sufficient denominator size	If provider-focused, the provider can impact the outcome	Notes about the Measure/Measure Complexities
H-59	OP-6: Outpatient Antibiotic Before Incision: Outpatients having surgery who got an antibiotic at the right time - within one hour before surgery	0270 (no longer endorsed)	AMA-PCPI	Patient Safety	Clinical Data	Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics, who have an order for prophylactic antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours), prior to the surgical incision (or start of procedure when no incision is required)	Not yet considered	WA Hospital Association									
H-107	VTE-4: VTE Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol	0374 (no longer endorsed)	The Joint Commission	Patient Safety	Clinical Data	This measure assesses the number of patients diagnosed with confirmed venous thromboembolism (VTE) who received intravenous (IV) unfractionated heparin (UFH) therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol. This measure is part of a set of six nationally implemented prevention and treatment measures that address VTE that are used in The Joint Commission's accreditation process.	Not yet considered	WA Hospital Association									
H-108	VTE-5: VTE Warfarin Therapy Discharge Instructions Stroke Care	0375 (no longer endorsed)	The Joint Commission	Patient Safety	Clinical Data	This measure assesses the number of patients diagnosed with confirmed VTE that are discharged on warfarin to home, home with home health or home hospice with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions. This measure is part of a set of six nationally implemented prevention and treatment measures that address VTE that are used in The Joint Commission's accreditation process.	Not yet considered	WA Hospital Association									
H-109	VTE-6: Incidence of potentially preventable VTE	0376 (no longer endorsed)	The Joint Commission	Patient Safety	Clinical Data	This measure assesses the number of patients with confirmed venous thromboembolism (VTE) during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date. This measure is part of a set of six nationally implemented prevention and treatment measures that address VTE that are used in The Joint Commission's accreditation process.	Not yet considered	WA Hospital Association									
H-87	SCIP-INF-10: Surgery Patients with Perioperative Temperature Management.	0452 (no longer endorsed)	CMS	Patient Safety	Clinical Data	Surgery patients for whom either active warming was used intraoperatively for the purpose of maintaining normothermia or who had at least one body temperature equal to or greater than 96.8° F/36° C recorded within the 30 minutes immediately prior to or the 15 minutes immediately after Anesthesia End Time.	Not yet considered	WA Hospital Association									
H-10	CABG with Donor Site: the number of infections per 100 procedures.	0753 (similar to)	CDC	Patient Safety	Clinical Data	uses same data reported through NHSN as NQF #753 and similar methodology for SIR calculations http://www.cdc.gov/nhsn/PDFs/PSCManual/9pscSSIcurrent.pdf	Not yet considered	WA Hospital Association									

Measure Information							Workgroup Information			Selection Criteria							
#	Measure Name	NQF #	Steward	Category	Data Source	Description	Measure Status	Measure Origin	Unit of Analysis	Based on readily available data	Nationally-vetted (e.g. NQF endorsed)	Aligned with measures in other WA and national measure sets	Significant potential to positively impact health outcomes	Significant potential to reduce costs	Sufficient denominator size	If provider-focused, the provider can impact the outcome	Notes about the Measure/Measure Complexities
H-103	Vaginal Hysterectomy: the number of infections per 100 procedures.	0753 (similar to)	CDC	Patient Safety	Clinical Data	uses same data reported through NHSN as NQF #753 and similar methodology for SIR calculations http://www.cdc.gov/nhsn/PDFs/PSCManual/9pscSSIcurrent.pdf	Not yet considered	WA Hospital Association									
H-11	CABG without Donor Site: the number of infections per 100 procedures.	0753 (similar to)	CDC	Patient Safety	Clinical Data	uses same data reported through NHSN as NQF #753 and similar methodology for SIR calculations http://www.cdc.gov/nhsn/PDFs/PSCManual/9pscSSIcurrent.pdf	Not yet considered	WA Hospital Association									
H-15	Cardiac Surgery Infection Rate : the number of infections per 100 procedures.	0753 (similar to)	CDC	Patient Safety	Clinical Data	uses same data reported through NHSN as NQF #753 and similar methodology for SIR calculations http://www.cdc.gov/nhsn/PDFs/PSCManual/9pscSSIcurrent.pdf	Not yet considered	WA Hospital Association									
H-29	Heart Transplant: the number of infections per 100 procedures	0753 (similar to)	CDC	Patient Safety	Clinical Data	uses same data reported through NHSN as NQF #753 and similar methodology for SIR calculations http://www.cdc.gov/nhsn/PDFs/PSCManual/9pscSSIcurrent.pdf	Not yet considered	WA Hospital Association									
H-52	OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional (Time in ED Before Seeing Caregiver)	NA	CMS	Patient Safety	Clinical Data		Not yet considered	WA Hospital Association									
H-54	OP-22: Left ED Without Being Seen	NA	CMS	Patient Safety	Clinical Data		Not yet considered	WA Hospital Association									
H-115	Never Events - Fall resulting in death or serious disability		Department of Health	Patient Safety: Never Events	Hospital Reporting	4E. Patient death or serious injury associated with a fall while being cared for in a healthcare setting (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities	Not yet considered	The Alliance									
H-116	Never Events - Pressure Ulcers		Department of Health	Patient Safety: Never Events	Hospital Reporting	4F. Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a healthcare setting (updated) Applicable in: hospitals, outpatient/office-based surgery centers, long-term care/skilled nursing facilities	Not yet considered	The Alliance									

Measure Information							Workgroup Information			Selection Criteria							
#	Measure Name	NQF #	Steward	Category	Data Source	Description	Measure Status	Measure Origin	Unit of Analysis	Based on readily available data	Nationally-vetted (e.g. NQF endorsed)	Aligned with measures in other WA and national measure sets	Significant potential to positively impact health outcomes	Significant potential to reduce costs	Sufficient denominator size	If provider-focused, the provider can impact the outcome	Notes about the Measure/Measure Complexities
H-117	Never Events - Sexual Assault		Department of Health	Patient Safety: Never Events	Hospital Reporting	7C. Sexual abuse/assault on a patient or staff member within or on the grounds of a healthcare setting (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities	Not yet considered	The Alliance									
H-118	Never Events - Surgical: Wrong Site Surgery, Wrong Surgical Procedure, Retained Foreign Object		Department of Health	Patient Safety: Never Events	Hospital Reporting	1A. Surgery or other invasive procedure performed on the wrong site 1B. Surgery or other invasive procedure performed on the wrong patient 1C. Wrong surgical or other invasive procedure performed on a patient 1D. Unintended retention of a foreign object in a patient after surgery or other invasive procedure	Not yet considered	The Alliance									
H-120	Patient Safety - Never Events Policy		Leapfrog	Patient Safety: Never Events	Hospital Survey	2014 Managing Serious Errors	Not yet considered	The Alliance									
14	Appropriate Testing for Children with Pharyngitis (CWP)	0002	NCQA	Pediatric	Claims	Percentage of children ages 2 to 18 that were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus test for the episode	Yes	Aligned									
H-12	CAC-1a: Relievers for Inpatient Asthma (age 2 years through 17 years) – Overall Rate	0143	The Joint Commission	Pediatric	Clinical Data	Use of relievers in pediatric patients, age 2 years through 17 years, admitted for inpatient treatment of asthma. This measure is a part of a set of three nationally implemented measures that address children’s asthma care that are used in The Joint Commission’s accreditation process.	No- Parking Lot	WA Hospital Association									
133	Ambulatory Care Sensitive Condition Hospital Admissions: Diabetes short-term complications (PQI 01)	0272	AHRQ-PQI	Potentially Avoidable Care	Claims	The number of discharges per 100,000 MM age 18+ for diabetes short-term complications	Not yet considered	5732									
136	Ambulatory Care Sensitive Condition Hospital Admissions: Asthma in Younger Adults (PQI 15)	0283	AHRQ-PQI	Potentially Avoidable Care	Claims	Admissions for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years. Excludes admissions with an indication of cystic fibrosis or anomalies of the respiratory system, obstetric admissions, and transfers from other institutions.	Not yet considered	5732									

Measure Information							Workgroup Information			Selection Criteria							
#	Measure Name	NQF #	Steward	Category	Data Source	Description	Measure Status	Measure Origin	Unit of Analysis	Based on readily available data	Nationally-vetted (e.g. NQF endorsed)	Aligned with measures in other WA and national measure sets	Significant potential to positively impact health outcomes	Significant potential to reduce costs	Sufficient denominator size	If provider-focused, the provider can impact the outcome	Notes about the Measure/Measure Complexities
134	Ambulatory Care Sensitive Condition Hospital Admissions: Chronic Obstructive Pulmonary Disease (PQI 05)	0275	AHRQ-PQI	Potentially Avoidable Care	Claims	Admissions with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma per 100,000 population, ages 40 years and older. Excludes obstetric admissions and transfers from other institutions.	Not yet considered	Aligned									
135	Ambulatory Care Sensitive Condition Hospital Admissions: Heart Failure (PQI 08)	0277	AHRQ-PQI	Potentially Avoidable Care	Claims	Admissions with a principal diagnosis of heart failure per 100,000 population, ages 18 years and older. Excludes cardiac procedure admissions, obstetric admissions, and transfers from other institutions.	Not yet considered	Aligned									
182	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	1891	#N/A	Potentially Avoidable Care	Claims	The measure estimates a hospital-level risk-standardized readmission rate (RSRR) for patients discharged from the hospital with either a principal diagnosis of COPD or a principal diagnosis of respiratory failure with a secondary diagnosis of acute exacerbation of COPD. The outcome is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. A specified set of planned readmissions do not count as readmissions. The target population is patients 40 and over. CMS will annually report the measure for patients who are 65 years or older, are enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals.	Not yet considered	GSK request									
181	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	1893	CMS	Potentially Avoidable Care	Claims	The measure estimates a hospital-level risk-standardized mortality rate (RSMR), defined as death from any cause within 30 days after the index admission date, for patients 40 and older discharged from the hospital with either a principal diagnosis of COPD or a principal diagnosis of respiratory failure with a secondary diagnosis of acute exacerbation of COPD. CMS will annually report the measure for patients who are 65 years or older, enrolled in fee-for-service (FFS) Medicare, and hospitalized in non-federal hospitals.	Not yet considered	GSK request									
206	Diabetes Long-term Complications (PQI - 03)	0274	AHRQ	Potentially Avoidable Care	Claims	The number of discharges for long-term diabetes complications per 100,000 population Age 18 Years and Older in a Metro Area or county in a one year time period	Not yet considered	Measure Library									
207	Bacterial Pneumonia Admission Rate (PQI - 11)	0279	AHRQ	Potentially Avoidable Care	Claims	Number of admissions for bacterial pneumonia per 100,000 population	Not yet considered	Measure Library									
208	Urinary Tract Infection Admission Rate (PQI -12)	0281	AHRQ	Potentially Avoidable Care	Claims	Number of discharges for urinary tract infection per 100,000 population age 18 years and older in a metro area or county in a one year time period	Not yet considered	Measure Library									

Measure Information							Workgroup Information			Selection Criteria							
#	Measure Name	NQF #	Steward	Category	Data Source	Description	Measure Status	Measure Origin	Unit of Analysis	Based on readily available data	Nationally-vetted (e.g. NQF endorsed)	Aligned with measures in other WA and national measure sets	Significant potential to positively impact health outcomes	Significant potential to reduce costs	Sufficient denominator size	If provider-focused, the provider can impact the outcome	Notes about the Measure/Measure Complexities
211	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	0389	AMA-PCPI	Potentially Avoidable Care	Claims and Clinical Data	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer	Not yet considered	Measure Library									
218	Asthma Emergency Department Visits	1381	Alabama Medicaid Agency	Potentially Avoidable Care	Claims	Percentage of patients with asthma who have greater than or equal to one visit to the emergency room for asthma during the measurement period.	Not yet considered	Measure Library									
102	Preventable Non-Emergent Emergency Room Rates - non-HEDIS	NA		Potentially Avoidable Care	Claims		Not yet considered	Medicaid Contract									
247	Percent of Patients with Five or More Visits to the Emergency Room without a Care Guideline	NA	NA	Potentially Avoidable Care	unknown	Percent of Patients with Five or More Visits to the Emergency Room without a Care Guideline	Not yet considered	Member Request: Carol Wagner, Medicaid Quality Incentive Measure Guidelines									
H-39	Medicare Admissions for Ambulatory Care–Sensitive Conditions, Age 75 and older, per 1,000 Beneficiaries	NA	CMS	Potentially Avoidable Care	Claims	2012 Chronic Condition Warehouse- Medicare	Not yet considered	The Alliance									
H-40	Medicare Admissions for Ambulatory Care–Sensitive Conditions, Ages 65–74, per 1,000 Beneficiaries	NA	CMS	Potentially Avoidable Care	Claims	2012 Chronic Condition Warehouse- Medicare	Not yet considered	The Alliance									
H-69	Potentially Avoidable ED visits among Medicare Beneficiaries, per 1,000 Beneficiaries	NA	CMS	Potentially Avoidable Care	Claims	2011 Medicare SAF	Not yet considered	The Alliance									

Measure Information							Workgroup Information			Selection Criteria								
#	Measure Name	NQF #	Steward	Category	Data Source	Description	Measure Status	Measure Origin	Unit of Analysis	Based on readily available data	Nationally-vetted (e.g. NQF endorsed)	Aligned with measures in other WA and national measure sets	Significant potential to positively impact health outcomes	Significant potential to reduce costs	Sufficient denominator size	If provider-focused, the provider can impact the outcome	Notes about the Measure/Measure Complexities	
H-99	STK-4: Thrombolytic Therapy	0437	The Joint Commission	Stroke	Clinical Data	This measure captures the proportion of acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well for whom IV t-PA was initiated at this hospital within 3 hours of time last known well.This measure is a part of a set of eight nationally implemented measures that address stroke care that are used in The Joint Commission’s hospital accreditation and Disease-Specific Care certification programs.	Yes	WA Hospital Association										
44	ED Encounters per 1,000	NA	CHIPRA	Utilization	Claims	Rate of emergency department (ED) visits per 1,000 member months	Not yet considered	Aligned										
66	Inpatient Utilization - General Hospital Acute Care	NA	NCQA	Utilization	Claims	This measure summarizes utilization of acute inpatient care and services in the following categories: <ul style="list-style-type: none">• Total inpatient.• Maternity.• Surgery.• Medicine	Not yet considered	Aligned										
H-112	IP Admissions, ALOS, Days			Utilization	Claims	IP Admissions, ALOS, Days	Not yet considered	Health Plan										
111	Specialty Encounters per 1,000	NA		Utilization	Claims	Specialty Encounters per 1,000	Not yet considered	Health Plan										
9	Ambulatory Care (AMB-OP & AMB-ED)	NA	NCQA	Utilization	Claims	This measure summarizes utilization of ambulatory services in the following categories: <ul style="list-style-type: none">•Outpatient visits•Emergency department (ED) visits	Not yet considered	Medicaid Contract										